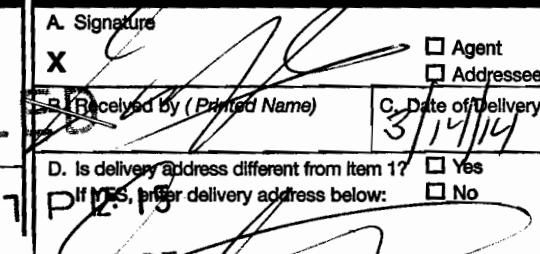
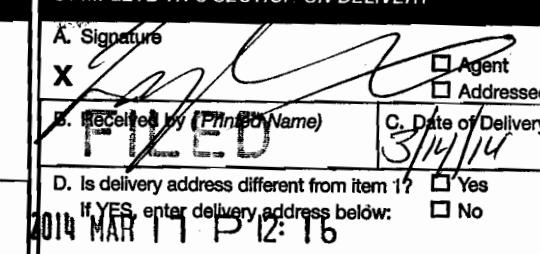


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p>B. Received by (Printed Name) C. Date of Delivery FILED 3/14/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No P12:15</p>	
<p>1. Article Addressed to:</p> <p>2014 MAR 17</p> <p>Complete Care Medical Clinics LLC c/o Patrick E. Ifediba, Registered Agent 1300 Bessemer Road Birmingham, Alabama 35208</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0000 4166 2666</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p>B. Received by (Printed Name) C. Date of Delivery FILED 3/14/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 2014 MAR 17 P12:16</p> <p>U.S. DISTRICT COURT ND. OF ALABAMA</p>	
<p>1. Article Addressed to:</p> <p>Patrick Ifediba MD LLC c/o Patrick E. Ifediba, Registered Agent 1300 Bessemer Road Birmingham, Alabama 35208</p> <p>2:14-CV-391-WMA</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0000 4166 2680</p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			